TIERETH CARE PINANCING ADMINISTRATION		A CM + CM
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	#04-07	Nevada
TOD WELLEN GLED FROM THE COLUMN TO THE COLUMN THE COLUM	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDIC	
	SOCIAL SECORTT ACT (MEDIC	AID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE U	non approval
HEALTH CARE FINANCING ADMINISTRATION	4. I ROI OSED EI I EC II VE DAI E O	pon approvai
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
<b>_</b>		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: No.	
	1	ne
Pregnant Women and Infants under Section 1902(a)(10)(i)(IV)	a. FFY \$	
	b. FFY \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	):
Page 1 of Supplement 1 to Attachment 2.6-A	Page 1 of Supplement 1 to Attachment	
	Tage I of supprement I to I manual	
10. SUBJECT OF AMENDMENT: Removal of actual income chart to a	world having to undate State Plan each tim	e the poverty levels
increase or change.	tvoid having to appeare state I fair each this	ie die poverty ievels
morease of change.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	CIEIED.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
	The Governor's Office	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor's Office review the State Plan	
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Revision:

HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

August 1991

Page 1

OMB No.: 0938-

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State:	NEVADA	 

## **INCOME ELIGIBILITY LEVELS**

## A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

			Maximum Payment
Family Size	Need Standard	<u>PaymentStandard</u>	Amounts
1	\$ 459	\$ 229	N/A
2	579	288	N/A
3	699	348	N/A
4	819	408	N/A
5	939	468	N/A
6	1,059	527	N/A
7	1,179	587	N/A
8	1,299	647	N/A

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

X 133 percent (no more than 185 percent)

TN No <u>04-07</u> Supersedes	Approval Date _	MAY 2 5 2004	Effective Date 4/1/04
TN No. <u>03-08</u>			